

APERWORK REDUCTION ACT SUBMISSI

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

1. Agency/Subagency originating request Dept. of Education, Institute of Education Sciences National Center for Education Statistics		2. OMB control number: b. <input type="checkbox"/> None a. <u>1850-0805</u>	
3. Type of information collection (check one): a. <input type="checkbox"/> New Collection b. <input checked="" type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change , of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change , of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number <i>For b-f, note Item A2 of Supporting Statement instructions</i>		4. Type of review requested (check one): a. <input checked="" type="checkbox"/> Regular <input type="checkbox"/> b. <input type="checkbox"/> Emergency – Approval request by: c. <input type="checkbox"/> Delegated	
		5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		6. Requested expiration date: a. <input type="checkbox"/> Three years from the approval date b. <input checked="" type="checkbox"/> <u>8/31/2008</u>	
7. Title Early Childhood Longitudinal Study Birth Cohort, Kindergarten Year Delayed Entry and Repeaters (KI)			
8. Agency form number(s) (if applicable): NA			
9. Keywords: kindergarten, assessment, children's early childhood education, children's health			
10. Abstract: The ECLS-B is part of a longitudinal studies program. The ECLS-B is designed to follow a national representative sample of children born in 2001 from 9 months of age through kindergarten. The cohort has already been seen at 9 months and at 2 years. The current effort is directed towards seeing them in their kindergarten year. The children turned 5 in 2006, and while the majority of these children were in kindergarten year in 2006, some of them are repeating kindergarten and some were delayed entering kindergarten. It is these children, who either are repeating kindergarten or were delayed entering kindergarten, who are being contacted in this data collection.			
11. Affected public (Mark primary with "P" and all others that apply with "X") a. <u>P</u> Individuals or households d. <input type="checkbox"/> Farms b. <u>X</u> Businesses or other for-profit e. <input type="checkbox"/> Federal Government c. <u>X</u> Not-for-profit institutions f. <u>X</u> State, Local, or Tribal Government		12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory	
13. Annual reporting and recordkeeping hour burden: a. Number of respondents <u>8,787</u> b. Total annual responses <u>8,787</u> 1. Percentage of these responses collected electronically <u>30%</u> c. Total annual hours requested <u>2,408</u> d. Current OMB inventory <u>13,770</u> e. Difference (+/-) <u>-11,362</u> f. Explanation of difference 1. Program change <u>-11,362</u> 2. Adjustment <u>0</u>		14. Annual reporting and recordkeeping cost burden (in thousands of dollars): a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) <u>0</u> c. Total annualized cost requested <u>0</u> d. Current OMB inventory <u>0</u> e. Difference (+/-) <u>0</u> f. Explanation of difference 1. Program change <u>0</u> 2. Adjustment <u>0</u>	
15. Purpose of information collection (Mark primary with "P" and all others that apply with "X"): a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input checked="" type="checkbox"/> Research c. <input checked="" type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit		16. Frequency of recordkeeping or reporting (check all that apply): a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input checked="" type="checkbox"/> Other (describe) <u>one-time</u>	
17. Statistical methods: Does this information collection employ statistical methods? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Agency contact (person who can best answer questions regarding the content of this submission): Name: <u>Edith McArthur</u> Phone No: <u>202-502-7393</u>	

19. Certification for Paperwork Reduction Act Submissions:

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology (if applicable); and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee:

Delores J. Barker

Date:

9/21/07